

PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

Complete if Known

Application Number	10/019,993
Filing Date	May 13, 2002
First Named Inventor	Justin Stephen Bryans
Examiner Name	D. Margaret M. Seaman
Group Art Unit	1625
Attorney Docket No.	5651-01-SMH

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0455
Deposit Account Name Warner-Lambert Company

Charge any Additional Fee Required
Used 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

- Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Code	Fee	Fee Description	Fee Code	Fee	Fee Paid
101	710	201 355	Utility filing fee	105	130 205 85	Surcharge - late filing fee or cash	105	
106	320	206 100	Design filing fee	105	20 227 25	Surcharge - late provisional filing fee or cover sheet	105	
107	480	207 240	Plant filing fee	130	130 139 130	Non-English specification	130	
108	710	208 355	Rediscount filing fee	147	2,520 147 2,520	For filing a request for ex parte reexamination	147	
114	150	214 75	Provisional filing fee	112	920 112 920	Requesting publication of SIR prior to Examiner action	112	
SUBTOTAL (1) (\$ 0.00)		950.00						

2. EXTRA CLAIM FEES

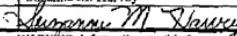
Large Entity	Small Entity	Fee from	Fee Paid
Total Claims		Extra Claims - 20** = 0	X (\$15.00) = \$0.00
Independent Claims		- 3* = 0	X (\$0.00) = \$0.00
Multiple Dependent		0.00	= \$0.00

Large Entity	Small Entity	Fee Description	Fee Code	Fee	Fee Description	Fee Code	Fee	Fee Paid
103	16 203 9	Claims in excess of 20	103	16 203 9	Claims in excess of 20	103	16 203 9	
102	80 202 40	Independent claims in excess of 3	102	80 202 40	Independent claims, if not paid	102	80 202 40	
104	270 204 135	Multiple dependent claim, if not paid	104	270 204 135	" Reissue independent claims over original patent	104	270 204 135	
109	80 209 40	" Reissue independent claims over original patent	109	80 209 40	" Reissue claims in excess of 20 and over original patent	109	80 209 40	
110	16 210 9	" Reissue claims in excess of 20 and over original patent	110	16 210 9	" Reissue claims in excess of 20 and over original patent	110	16 210 9	
SUBTOTAL (2) (\$ 0.00)		950.00						

*or number previously paid, if greater. For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 950.00)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Suzanne M. Harvey	Registration No.	42,640	Telephone (734) 622-2658
Signature		Attorney/Agent		Date June 30, 2004

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